

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 206000035922

**1. Limited Liability Company's Name**

Bourbon Street Deli, LLC

**2. Principal Office Address - No P.O. Box #**

350 1st Ave North

Suite, Apt. #, etc.

**3. Mailing Office Address**

732 17th Ave N.

Suite, Apt. #, etc.

**City & State**

St Petersburg FL

Zip

33701

Country

USA

**City & State**

ST. Petersburg FL

Zip

33704

Country

USA

**4. State/Country of Formation**

Florida / USA

**5. Date Organized or Qualified  
To Do Business in Florida**

09/14/2007

**6. FEI Number**

Applied For

☒ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

**Name**

Charles Ricard III

**Street Address (P.O. Box Number is Not Acceptable)**

350 1st Avenue North

Suite, Apt. #, Etc.

**City**

Saint Petersburg

**State**

FL

**Zip Code**

33701

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

Charles Ricard III

REGISTERED AGENT MUST SIGN

Date

09/13/09

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	<u>Charles Ricard III</u>	<u>732 17th Ave N.</u>	<u>ST. Pete FL 33704</u>
			<u>200160826932</u>
			<u>10/15/09--01050--008 **18.25</u>
			<u>200160826932</u>
			<u>09/15/09--01056--013 **500.00</u>
			<u>S. HAWKES</u>
			<u>OCT 22 2009</u>
			<u>EXAMINER</u>

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application or in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

Signature of  
Managing Member/Manager

Charles Ricard III

Date

09/13/09

Daytime Phone #

727-342-2847

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2009

bourbon street deli, llc  
350 1st ave north  
st pete, FL 33701

SUBJECT: BOURBON STREET DELI, LLC  
Ref. Number: L06000035922

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 709A00031182